U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 23/33	2. Fiscal Year Covered From:  1
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Robert D Kelly	Name Graphic Communications Union Local 197-M
P.O. Box, Bldg., Room No., if any 23	P.O. Box, Building and Room Number, if any 3922
Street Edsel Dr.	Street Volunteer Dr. Suite 12
City Rossville	City Chattanooga
State Georgia ZIP Code + 4 30741	State Tennessee ZIP Code + 4 37416-3901
5. Position in labor organization.  President	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street City ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Xt Kulf	On 8/12/05 423-485-8101  Date Telephone Number

Name of Person Filing Robert Kelly "	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name unknown	ووسي	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	unknown	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
State ZIP Code + 4	During the course of 2004 I may have had meals with employers or vendors of my local. I can not recall who paid for meals or the cost of my share of my meal	
	12.b. Amount. UNRNOWN	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	Potential Control of the Control of	
Street	CONTINUE OF THE CONTINUE OF TH	
City	CONTINUENCE CONTIN	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	